



# Frontrunners in End of Life Care in Hospitals



**Showcasing examples of best practice in end of life care with findings from recent GSF Accredited Acute and Community Hospital wards, demonstrating earlier identification of patients, more clarifying their wishes and more dying where they choose.**

**These leading GSF Accredited hospital wards are examples of best practice in caring for people in their last years of life.** They demonstrate what is currently being achieved by some teams in their care for patients, following their completion of the GSF Hospital Quality Improvement Programme and GSF Accreditation, co-badged by the British Geriatric Society and the Community Hospitals Association. They are an encouragement and inspiration to others in giving the very best end of life care to their patients – **if they can do it, then you can too!**

These grass-roots hospital teams are exemplars in demonstrating how they are actually attaining top quality, proactive, person-centred care for their patients, with any condition across all wards. They achieve in practice the standards aspired to in national policy- NHSE Ambitions, GMC, NICE Guidance and CQC Hospital End of Life Care standards. This has a significant impact on the quality of care for patients in their final years of life, reducing time spent in hospital and enabling more to live and die at home, if they choose. GSF Accredited wards are identifying at least 30% of inpatients, offering most of these patients advance care planning discussions, reducing length of stay and collaborating well with GPs to improve cross-boundary care. Some hospitals are part of the GSF Cross Boundary Care sites using GSF in primary, acute and community care to improve population based end of life care. In line with standardised EOLC Metrics, key areas include:

- |  |  |
|--|--|
| <b>1 Proactive care</b>                  | <i>early identification (30% of hospital patients thought to be in the final year of life)</i> |
| <b>2 Person-centred care</b>             | <i>more patients offered advance care planning discussions about preferences</i>               |
| <b>3 Place of death</b>                  | <i>more dying in preferred place of care or usual place of residence</i>                       |
| <b>4 Preventing over-hospitalisation</b> | <i>reduced hospital deaths, hospital bed days, crisis readmissions</i>                         |
| <b>5 Providing top quality care</b>      | <i>experienced by patients and families, confidence and culture change for staff</i>           |

| Examples                         | 1. Proactive – Identification rates | 2. Person-centred – ACP discussions offered | 3. Place of death – dying in preferred place | 4. Reducing hospitalisation, admissions, deaths                      | 5. Quality of care – feedback   |
|----------------------------------|-------------------------------------|---|--|--|---|
| Average for GSF Accredited wards | Av. 34% patients identified         | 95% offered ACP discussion                  | 65% die where they choose                    | Reduction in hospital bed days, some reduced deaths and readmissions | Qualitative feedback eg more carers offered support, staff confidence increased |

### GSF Acute Hospitals

the gold standards framework<sup>®</sup> in acute hospitals

**GSF Acute Hospital**

- Over 40 hospitals + 251 wards trained
- 10 accredited wards co-badged with BGS
- 11 whole hospital training programmes

**Whole hospitals**

- Airedale
- Southport
- Morecambe Bay
- Royal Devon and Exeter
- Clatterbridge
- Wolverhampton
- Barking Havering Redbridge
- Chelsea and Westminster
- Doncaster
- Pinderfields
- Milton Keynes

GSF Training and accreditation supported and co-badged by British Geriatric Society and the only CQC Hospitals Information Source in EOLC

Percentage of patients identified in the first 8 GSF accredited wards

| Ward    | Percentage |
|---------|------------|
| AVERAGE | 34%        |
| 01      | 55%        |
| 02      | 15%        |
| 03      | 40%        |
| 04      | 40%        |
| 05      | 25%        |
| 06      | 10%        |
| 07      | 35%        |
| 08      | 40%        |

Identifying over 30%

95% Offered ACP

Proportion offered advance care planning in the first 8 GSF accredited wards

| Q4 of patients offered initial ACP1 | Q5 % of patients who have a further discussion ACP2 | Q6 % of patients that have the full ACP3 |
|-------------------------------------|---|--|
| 100%                                | 75%   | 35%                                      |

### GSF Community Hospitals

the gold standards framework<sup>®</sup> in Community Hospitals

**GSF Community Hospitals**

Training – 62 wards  
Accreditation - 25 wards

- Identifying over 30%
- Use of coding, GSF Core Care Plan-codes triggering activity, ACP for all, length of stay decreasing, in line with CQC Guidance

Q1 % of patients identified on the ward in Dorset Community Hospitals

| Ward    | Percentage |
|---------|------------|
| 1       | 65%        |
| 2       | 95%        |
| 3       | 55%        |
| 4       | 95%        |
| 5       | 45%        |
| 6       | 55%        |
| 7       | 35%        |
| 8       | 55%        |
| average | 65%        |

Cornwall, Dorset, Cumbria, Leicestershire

## Examples of Frontrunning hospital wards

### 1. University Hospital of Morecambe Bay NHS Trust

**Acute Hospital:** Royal Lancaster Infirmary and Furness General Hospital  
**Whole hospital GSF** across 2 sites – and **GSF Cross Boundary Care Site**  
**Speciality:** Stroke, Respiratory, Oncology and Acute Medical Unit  
**Accredited:** Ward 23 and Ward 9 2015, Ward 37 and AMU 2017



#### Key Achievements

- CQC rating went from Good to OUTSTANDING
- Average identification rate was 39%, range 37% - 44%
- Offering ACP discussions was on average 83%
- Culture change perceived on wards



*“GSF enables staff to have the right conversations with patients and relatives and introduce the idea of advance care planning on what choices around their personal wishes and preferences, and aspects of care they do or do not want at this time in their lives.”*

Patricia Atkinson – GSF Facilitator, Royal Lancaster Infirmary

#### Comments:

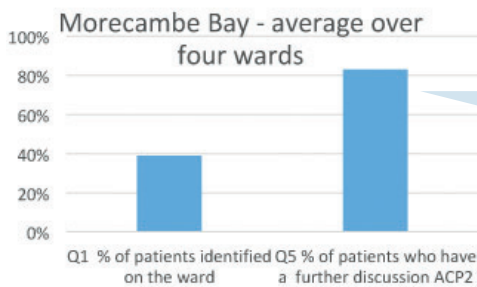
*“GSF has given us the framework to engage with relatives and put things in place to ensure the outcome they want for their relative. The best bit is making sure that patients receive the care they want, where they want it, when and how they want it and the satisfaction they, and we get from that.”*

Dr Kumar, Consultant Geriatrician,  
Royal Lancaster Infirmary

**For Staff:** *“GSF has helped the staff both clinical and non-clinical to recognise patients early and continue with conversations around ACP and PPC working closely with the community.”*

**For Patients:** *“Choices and wishes are being adhered to, PPC is being supported working closely with the GP when discharged from hospital to remain supported at home.”*

Michelle McLaughlin, Ward Manager,  
Furness Hospital



Average 39% identified and 83% offered ACP

### 2. Airedale NHS Foundation Trust

**Acute Hospital:** Airedale General Hospital  
**Whole hospital plus GSF Cross Boundary Care site** with GPs and Care homes and ‘Gold-Line’  
**Speciality:** General medicine and orthopaedics  
**Accredited Wards:** Wards 6 and 9 2016

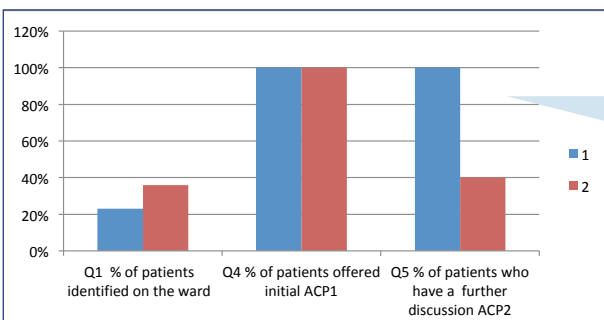
*“We feel strongly that although we have two wards with GSF accreditation status it is important across the whole hospital. The GSF framework has been used increasingly across Airedale Hospital and in the wider community.”*

Fiona Widdowson  
GSF Facilitator, Airedale



#### Key Achievements

- Average across two wards 30% (range 23%-36%)
- Offering Advance Care Planning discussions 100%



Average 30% identified and 100% offered ACP

#### Comments:

*“Airedale is really well placed to undertake GSF, it is a small DGH and the gold standards and the cross boundary working fits well with the hospitals strategic thinking, particularly important is the use of the common language between primary, secondary and community care which has been really helpful.”*

Dr Linda Wilson,  
Consultant in Palliative Care

### 3. Royal Devon and Exeter NHS Foundation Trust

**Acute Hospital:** Royal Devon and Exeter Foundation Trust  
**Whole hospital GSF Programme**  
**Speciality:** Oncology and Haematology, Renal  
**Accredited:** Yeo, Yarty Ward and Renal Unit 2015 and 2016

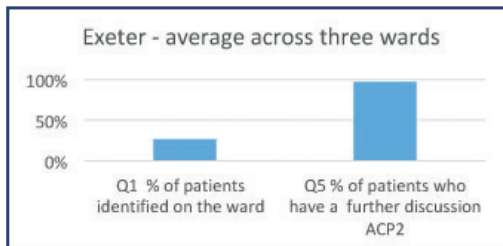


#### Key Achievements

- Average identification rate is 27% (range 9% and 57%)
- Offering ACP discussions to all 100%

*"The benefits of GSF have been that patients are identified earlier and supported better."*

Susan Bignell, GSF Facilitator, Royal Devon and Exeter Hospital



#### Comments:

*"GSF accreditation has given the staff a great deal of pride in achieving the award, it has made end of life care very prominent on our ward and the passion to get it right and I know we will keep moving forward looking for new ideas and ways we can improve our service and patient experience."*

Clare Rowley,  
Oncology Ward Manager

*"On a broader trust level GSF has helped to improve communication with GPs and highlighting the need for advance care planning has really made patients preferences happen."*

Dr Liz Toy,  
Consultant Clinical Oncology

### 4. Barking, Havering and Redbridge University Hospitals NHS Trust

**Acute Hospital:** Queens Hospital  
**Whole hospital and GSF Cross Boundary Care Site**  
**Speciality:** Elderly Care  
**Accredited:** Sunrise B 2016

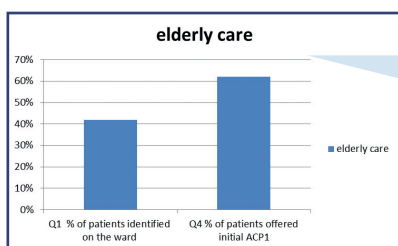
*"When we get it right our gold patients really do get the care they deserve."*

Dianne Drain, GSF Facilitator, Queens Hospital



#### Key Achievements

- CQC rating went from requires improvement to GOOD
- Identification rate 42%
- Offering ACP discussions 62%
- Now achieving identification



Average 42% identified and 60% offered ACP

*"The morning board run is an MDT and the contribution by the nurses and the Jr Doctors who are on the ward the whole day really helps, and when they give a handover of what the patient does, what the situation is, what the family says and past medical history, it's all really helpful to make the decision regarding identifying them as GSF. It also helps because a lot of these patients are struggling already and just having that open conversation alone is reassuring them."*

Dr Kantha Niranjan, Elderly Care Consultant

### 5. The Royal Wolverhampton NHS Trust

**Acute Hospital:** 3 sites New Cross Hospital, West Park Cannock Chase Whole Hospital Trust programme  
**Wards:** All adult wards and renal dialysis units

#### Key Achievements – audit of identified patients in last year of life

Wards undertook a focussed snapshot audit, assessing all patients on one specific date who later died within that year, in line with current evidence (Clarke 30%), to confirm relevant identification rates for each speciality. The overall average percentage of patients in their last year of life was 33% and individual wards ranged from 5% (elective orthopaedic) to 69% (oncology). Results have been useful in focussing teams on early identification of patients and wards with higher mortality.



*"Key to optimising care for patients nearing the end of life is earlier identification. Implementation of GSF is encouraging a systematic approach to recognising those patients in hospital who might be in their last year of life, leading to more proactive care and opportunities for people to consider and express their wishes and preferences."*

Dr Clare Marlow, Consultant in Palliative Medicine Wolverhampton

## 6. Community Hospitals – Cornwall Partnership NHS Foundation Trust

**All Cornwall Community Hospitals GSF trained:** Bodmin, Liskeard, Newquay, Stratton, Launceston, St Austell, Edward Hain, Helston, Camborne Redruth, St Barnabas, Falmouth

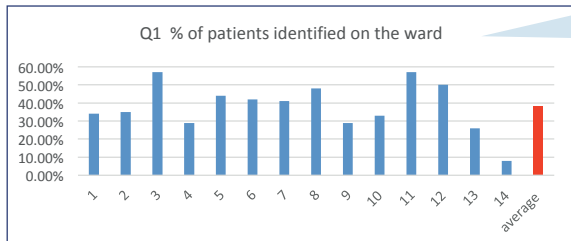
**Wards:** Harbour, Oak, Newquay Ward, Stratton, Launceston, Anchor, Harold White, Edward Hain, Heligan, Lismore, Lamorna, St Barnabas, Lanyon, Willow Ward

**Speciality:** Elderly Care

**Accredited:** 2014 and 2015

### Key Achievements

- Average Identification rate 38% (range 9%-57%)
- Most initiating ACP discussions



Average 38% identified and 60% offered ACP

*“For patients, this means we now engage in more detailed conversations with them about the care they want and where they want to receive it and share these wishes with our health colleagues in the community.”*

*Pam Butler, Sister, Lamorna Ward, Camborne Redruth Community Hospital*

*“GSF has given us a systematic approach to identifying patients and offering advance care planning discussions in a timely, sensitive manner.”*

*Jo Smith, GSF Facilitator, Cornwall Peninsula Health Care Trust*



## 7. Community Hospitals – Dorset Healthcare University NHS Foundation Trust

**All Dorset Community Hospitals GSF trained:** Blandford, Yeatman, Swanage, Portland and Wareham, Alderney and Westminster

**Wards:** Tarrant, the Willows intermediate care centre, Stanley Purser, Castletown, Saxon, Guernsey, Jersey and Ashmore and Shaston Ward (1 unit)

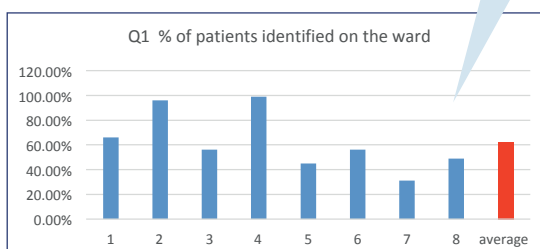
**Speciality:** Elderly Care

**Accredited:** 2015, 2016, 2017



### Key Achievements

- Average Identification rate 62%
- Offering ACP discussions 98%



Average 60% identified

*“The Trust and Dorset CCG have supported the implementation of GSF across Care Homes, Domiciliary care, GPs and Community Hospitals. For the Community Hospitals in Dorset this has involved education and training for staff and the implementation of change to practice, to improve the identification of patients in the last year of their lives, to enable staff to open advance care planning discussions, to anticipate care needs, and using this information reduce inappropriate transfers to the acute services at EOL.”*

*Hilary Lawson, GSF Facilitator*



*“The Gold Standards Framework has given staff the confidence to broach the subject of end of life care with patients giving them (the patients) the freedom and confidence to fulfil their wishes when it comes to their care as they approach their final months.”*

*Precious Whild, Senior Sister, Guernsey Ward, Alderney Hospital*

**For further information, or a discussion please contact The Gold Standards Framework Centre**

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